Entry Form

Name: Address:

Phone:

Date:

No entries are accepted without payment of fees.

Please refer to the schedule for all fee and entry closing dates.

Payable by internet banking – 06-0705 -0249981-00, please use your name as a reference.

Email:

Prize money to be paid by:			☐ I will collect in cash from the office (after 4pm on show day)☐ Direct credit back into my bank account					
Bank acc	ount no.				, , , , , , , , , , , , , , , , , , , ,			
Please ret	urn compl	eted form to:						
By email	-			acretary	@raivallev	rshow co nz		
By mail to			secretary@raivalleyshow.co.nz PO Box 51, Rai Valley 7145					
By person to			663 Ronga Road, Rai Valley					
<i>b</i> , pc.56.			Ç	00 110116	,	vancy		
Section	ction Class Name of exhibitor				Number of entries		Entry fee/s	
Disclaimer:					Total entry fees		\$	
the sched		ation's conditi	ions of entry as sta	ited in	Carried forward from back		\$	
Signature:					Membership \$25.00		\$	

\$

Total fees to be paid

89th Rai Valley A&P Show 2025

Section	Class	Class Name of exhibitor		Entry fee/s
			Subtotal	\$